

## Vonda M. Walleco (

## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. | DEP. IND. DEP. DEP IND. DEP. IND i ÷ ō ĉ ì :ĉ Ī TOTAL TOTAL TOTAL TOTAL DEP. TOTAL -松生 COLUMN TO SERVICE \* 2